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**APPLICANTS**

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 Rysler Alcime, Miami, FL;  
 Yasushi Kato, Pembroke Pines, FL;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A REI OF 08/863,964 05/27/1997 PAT 5,855,598  
 WHICH IS A CIP OF 08/558,028 11/13/1995 PAT 5,632,772  
 AND A CIP OF 08/558,034 11/13/1995 PAT 5,639,278  
 AND SAID 08/558,028 11/13/1995  
 IS A CIP OF 08/140,245 10/21/1993 ABN  
 AND SAID 08/558,034 11/13/1995  
 IS A CIP OF 08/140,245 10/21/1993 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Initials				

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**TITLE**

Expandable supportive branched endoluminal grafts

FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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		<input type="checkbox"/> 1.18 Fees ( Issue )
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